
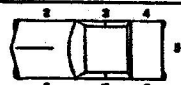


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-8744		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH. PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH 5/10/16		DAY Wen		TIME MILITARY 2310		
CRASH OCCURRED ON 913 North Broadway				WITHIN THE INTERSECTION OF N/A								
IF NOT IN INTERSECTION MILES FEET W S E OF				LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO N/A				CITY CODE N/A				
LOG-1		LOG-2		LOC JUR FH3 FILT								
A	UNIT NO 1	NO OF OCCUPANTS 6		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Safeco				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Rice, Timothy				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3922 Matson Ave Cincinnati, OH, 45236								
PHONE NO 513-503-6869		BIRTHDATE 3/13/67		AGE 49		SEX M		SOCIAL SECURITY NO N/A		STATE OH		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same				
VEH YR 2011		MAKE Toyota		MODEL 45		COLOR GRN		STYLE 4D		STATE OH		
LICENSE PLATE NO F2N1307		TOWING SERVICE N/A		VEH. PED DIR FROM TO								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO 2	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input checked="" type="checkbox"/>		INSURANCE CO OR AGENT Unknown				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) Unknown								
PHONE NO Unknown		BIRTHDATE m/d/y		AGE Unknown		SEX Unknown		SOCIAL SECURITY NO Unknown		STATE Unknown		
OWNER (IF SAME AS DRIVER, WRITE SAME) Unknown				ADDRESS Unknown				PHONE Unknown				
VEH YR Unknown		MAKE Unknown		MODEL Unknown		COLOR N/A		STYLE N/A		STATE N/A		
LICENSE PLATE NO Unknown		TOWING SERVICE Unknown		VEH. PED DIR FROM TO								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE m/d/y		AGE		POSITION A B C D E F		INJURIES A B C D E F		
D FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE m/d/y		AGE		SEX				
E FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE m/d/y		AGE		SEX				
F FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE m/d/y		AGE		SEX				
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
D E F		INJURED TAKEN TO		By				A B C D E F		TESTED		
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